

UNITED STATES DISTRICT COURT

for the

Middle District of Tennessee

Nashville Division

RECEIVED

JUL 16 2019

US DISTRICT COURT  
MID DIST TENN

Stephen R. Mayes

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Grady Perry, John Doe Brown

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Stephen R. Mayer

All other names by which  
you have been known:

N/A

ID Number

537428

Current Institution

South Central Correctional Facility

Address

555 Forrest Ave

Clifton

City

TN

State

38425-0279

Zip Code

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name

Grady Perry

Job or Title (*if known*)

Warden

Shield Number

N/A

Employer

Core Civic

Address

555 Forrest Ave.

Clifton

City

TN

State

38425-0279

Zip Code



Individual capacity



Official capacity

**Defendant No. 2**

Name

John Doe Brown

Job or Title (*if known*)

Food Service Manager

Shield Number

N/A

Employer

Trinity Service Group

Address

555 Forrest Ave

Clifton

City

TN

State

38425-0279

Zip Code



Individual capacity



Official capacity

Defendant No. 3

Name

Job or Title (if known)

Shield Number

Employer

Address

N/A

☐ Individual capacity ☐ Official capacity

Defendant No. 4

Name

Job or Title (if known)

Shield Number

Employer

Address

N/A

☐ Individual capacity ☐ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Eight Amendment Right to be Free From Cruel and Usual Punishment.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

N/A

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Warden Perry's responsibility to ensure that the medical needs of each inmate are met. His failure to act after numerous grievances about the denial

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (*explain*) \_\_\_\_\_

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

N/A

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

South Central Correctional Facility, 555 Forrest Ave., Clifton, TN 38425-0279, 3-15-19.

## Additional Pages

II D. of my medically prescribed diet. Any reasonable lay person would know that any prescribed treatment (including) prescribed diets, should be provided. Mr. Brown acted under color of State law as food service Manager by denying the prescribed diet and stating, "Medical does not dictate what we do."

IV. D. I become hypoglycemic on a daily basis, I am not receiving the required calories for inmates since I am only able to eat 2 meals per day, and my health is suffering for it. Mr. Brown is being deliberately indifferent to my serious medical needs by not following and complying with the orders of Ms. Dean, APN; and Dr. Rodella, MD. Warden Perry is also liable for failure to act by not enforcing the order of Ms. Dean, APN, and Dr. Rodella, MD. Robert Garner, an inmate working on the feeding has told that Mr. Brown refused to comply with the prescribed diet. Furthermore Ms. Dean, Nurse Cowles, Nurse Ward, Ms. Benson, Ms. Lytle can testify to the kitchen's refusal to comply with the prescribed diet.

C. What date and approximate time did the events giving rise to your claim(s) occur?

3-15-19 to present at approximately 1300 daily.

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I have been denied my medically prescribed Low Fat/Low Sodium diet to treat my acute heart problems, hypertension, and diabetes, since it was prescribed on 3-15-19. Everyday

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I suffered from hypoglycemia, malnutrition, and increased swelling negating taking my fluid pill. Medical cannot provide treatment where food services refuses to comply

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Injunctive relief by ordering that the recommendations of the diet be followed verbatim. \$ 10,000 dollars should be awarded because of pain and suffering and exacerbation of PTSD for actual and punitive damages.

## VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

South Central Correctional Facility

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

Denial of medically prescribed diet for heart disease and hypertension.

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

South Central Correctional Facility

2. What did you claim in your grievance?

Denial of Medically prescribed diet.

3. What was the result, if any?

No action taken.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

N/A



F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

N/A

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

### VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☒ Yes

☐ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

U.S. District Court Nashville on all 3 suits.  
Oct. 2017, May 2018, April 2019.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s)

N/A

Defendant(s)

N/A

2. Court (if federal court, name the district; if state court, name the county and State)

N/A

3. Docket or index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition.

No Case

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

No Case

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s)

N/A

Defendant(s)

N/A

2. Court *(if federal court, name the district; if state court, name the county and State)*

N/A

3. Docket or index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition

N/A

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

N/A

## IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

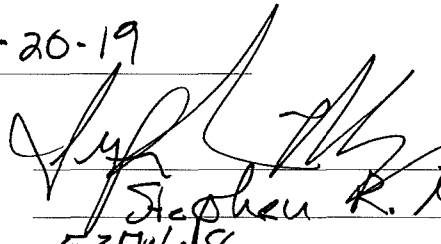
6-20-19

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

  
Stephen R. Hayes  
537428  
555 Forrest Ave., P.O. Box 279  
Clifton TN 38425-0279  
City State Zip Code

### B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

Telephone Number

E-mail Address



TENNESSEE DEPARTMENT OF CORRECTION  
INMATE GRIEVANCE

Reg/FST  
Brown

Stephen Mayes 537428 J.C.C.F. EA115  
NAME NUMBER INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: Today, May 5, 2019, I was denied my  
Low Sodium/Low Fat diet prescribed by Dr. Rodale which  
effective 3-15-19, lasting 90 days. I have high blood!

REQUESTED SOLUTION: Comply with my medical treatment without  
fail and stop making excuses. Fire the corrupt and  
do what is right

[Signature]  
Signature of Grievant

5-5-19  
Date

TO BE COMPLETED BY GRIEVANCE CLERK

26951-334602 5/8/19  
Grievance Number Date Received

SCO Penhouse  
Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: \_\_\_\_\_

AUTHORIZED EXTENSION: \_\_\_\_\_  
New Due Date Signature of Grievant

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: your diet tray is being  
sent to the pod & labeled

Chairperson's Response and Reason(s): Concur

DATE: 5/13/19 CHAIRPERSON: SCO Penhouse

Do you wish to appeal this response? ☒ YES ☐ NO

If yes: Sign, date and return to chairman for processing within five (5) days of receipt of first-level response.

[Signature]  
GRIEVANT

5-13-19  
DATE

SCO Penhouse  
WITNESS

Distribution Upon Final Resolution:

When Inmate Grievant's Primary Document is Filed - File and/or Committee (if applicable)



TENNESSEE DEPARTMENT OF CORRECTION  
INMATE GRIEVANCE (continuation sheet)

DESCRIPTION OF PROBLEM:

pressure, coronary artery disease, and have had 2 heart attacks. The reason that the proper food to comply with my diet somehow ends up on the compound and staff as well, know what's happening and do nothing about it. This diet is a prescribed treatment that has been ordered by a Physician licensed to practice medicine in this State. Therefore, security staff and employees of Trinity Food Services are denying me medical treatment prescribed by a physician. Even though no one cares about constitutional right, this violates my Eighth Amendment of the U.S. Constitution, a right to be free from cruel and unusual punishment. It is not my fault that some employees are dirty, i.e. Ms. Hunt in the Kitchen, but it is T.D.O.C.'s and CoreCivic's responsibility to maintain order on this compound, no matter what the reason. I don't care if this grievance gets out to the compound because all they can do is kill me. That is something I do not fear. All this corruption has to stop and if this prison won't remedy the problem, the U.S. District Courts and the D.O.C. will.

Distribution Upon Final Resolution:

White - Inmate Grievant    Canary - Warden    Pink - Grievance Committee    Goldenrod - Commissioner (if applicable)



TENNESSEE DEPARTMENT OF CORRECTION  
RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT

Reg IFSE  
Brown

DATE: 5/8/19

Please respond to the attached grievance, indicating any action taken.

Date Due: 5/13/19

26951-33 4602  
Grievance Number

Stephen Mayes  
Inmate Name

537428  
Inmate Number

Mr. Mayes,

Thank you for your concern in this matter.

Your diet tray is being sent to your pod and is labeled. Please  
feel free to reach out to me if you have any problems. I will  
be glad to help any way I can to ensure you get your tray.

Thank you

FSD Philip Brown

Philip A. Brown  
SIGNATURE

5-12-19  
DATE

White - Inmate Grievant    Canary - Warden    Pink - Grievance Committee    Goldenrod - Commissioner

# GRIEVANCE HEARING SUMMARY

---

DATE: May 14, 2019

Grievance: 26951-334602

Grievant: I/m Mayes # 537428

Present: Sco B. Pevahouse  
C/M Tilson  
C/M Weaver  
I/M Ordway #384290  
I/M Hollis #575724  
I/M Flemings #474595

Grievance Coordinator  
Staff Board Member  
Staff Board Member  
I/M Board Member  
I/M Board Member  
I/m Grievance Clerk

Grievant enters: Chairperson reads grievance, supervisor's response and the grievance solution. Procedures were explained.

This complaint is on: Not given diet tray

Grievant comments:

This is the second time I've went through this. Apparently they don't want to do anything.

Board Questions:

No comment

Hearing Concluded.





TENNESSEE DEPARTMENT OF CORRECTION  
INAPPROPRIATE GRIEVANCE NOTIFICATION

TO: STEPHEN MAYES 537428  
INMATE NAME (Printed) TDOC NUMBER

FROM: Brenda Pevahouse, Grievance Chairperson

DATE: 5/29/19

SUBJECT: MEALS

EA115  
HOUSING UNIT

Grievance Number:

**THIS GRIEVANCE IS INAPPROPRIATE TO THE GRIEVANCE PROCEDURE.** Your Grievance is being returned to you due to the following reason(s):

1. Disciplinary matters are inappropriate to the Grievance Procedure. [Policy #501.01 VI.(H)(1)]
2. Appealing decisions or actions of any agency outside the Tennessee Department of Correction (TDOC) is inappropriate to Grievance Procedure. [Policy #501.01 VI.(H)(2)]
3. Classification matters/institutional placement are inappropriate to Grievance Procedure. [Policy #501.01 VI.(H)(3)]
4. Appealing or seeking review of sentence credits. [Policy #501.01 VI.(H)(4)]
5. Grievance Procedure cannot award monetary compensation for injuries or property loss. [Policy #501.01 VI.(H)(5)]
6. Addressing questions regarding sentence structures. [Policy #501.01 VI.(H)(6)]
7. Visitor's behavior which results in disciplinary action. [Policy #501.01 VI.(H)(7)]
8. A diagnosis by medical professionals and medical co-pay is inappropriate. [Policy #501.01 VI.(H)(8)]
9. Security Threat Group (STG) Placement. [Policy #501.01 VI.(H)(9)]
10. Mail rejection. [Policy #501.01 VI.(H)(10)]
11. **You have already filed a grievance on this issue. Inmates shall not be permitted to submit more than one grievance arising out of the same or similar incident. [Policy #501.01 VI.(I)(1)]**
12. Abuse of Grievance Procedure. You can only have one grievance pending at Level 1 for review. [Policy #501.01 VI.(I)(2)]
13. Profanity, insults, and racial slurs, unless an alleged direct quote of another party, shall not be permitted. Threats may result in disciplinary action. [Policy #501.01 VI.(I)(3)]
14. Grievances must be filed within seven calendar days of the occurrence giving rise to the grievance. A complaint shall not address multiple issues. [Policy #501.01 VI.(C)(1)]

**THIS GRIEVANCE IS UNABLE TO BE PROCESSED DUE TO YOU NOT FOLLOWING POLICY.** Grievance forms not properly completed or contain insufficient information for processing shall be returned to the Inmate with instructions as to proper completion. [Policy #501.01 VI.(C)(1)] Your grievance is being returned to you due to the following reason(s):

1. No specific details, i.e. dates, times, names of persons involved as mandated in *Inmate Grievance Handbook*, Page 7, First Level of Review.
2. You did not: a) Sign and date, and/or b) state your "Requested Solution"
3. Grievance shall be submitted on Form CR-1394 pages 1 and 2. **All copies must be legible and in tact.** [Policy #501.01 VI.(C)(1)]
4. \_\_\_\_\_

**Reminder:** You have **SEVEN CALENDAR DAYS FROM THE DATE THE INCIDENT OCCURRED** to submit a grievance. If you are still interested in filing this grievance, please make the necessary corrections and return to Grievance Office for further processing immediately. If you would like to appeal this response, sign the bottom of your grievance, check "yes" then date it and place (with this coversheet) back in the grievance box. If you have any questions regarding this memo, please have your Unit Officer contact me at Ext. \_\_\_\_\_ to schedule an appointment. TDOC Policy and Procedure are available in the library.

SCO PEVAHOUSE  
Grievance Chairperson



TENNESSEE DEPARTMENT OF CORRECTION  
INMATE GRIEVANCE (continuation sheet)

DESCRIPTION OF PROBLEM: Mr. Brown and Mr. Roberts are refusing to give me peanut butter instead of the high sodium content meats. I am missing meals and I am not receiving the minimum caloric intake in violation of TDOC, and ACA standards. If I consume high sodium content food, it increases my blood pressure and renders Lasix, my fluid pill, useless because sodium causes the body to retain fluid and the Lasix helps get rid of fluid. These events have been ongoing since March 2019, however, the latest incident was on May 25, 2019.

Distribution Upon Final Resolution:

White - Inmate Grievant    Canary - Warden    Pink - Grievance Committee    Goldenrod - Commissioner (if applicable)  
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**TENNESSEE DEPARTMENT OF CORRECTION**  
**INMATE GRIEVANCE**

I-1

Stephen Mayes      537428      S.C.C.F. FA  
NAME      NUMBER      INSTITUTION & UNIT  
DESCRIPTION OF PROBLEM: Food Services Mr. Brown and Mr. Roberts  
Are refusing to give me low sodium/low fat foods in  
compliance with my medically prescribed diet. Because  
REQUESTED SOLUTION: Start putting peanut butter in my sack  
lunches and ensure all meals comply with medically  
prescribed low sodium/low fat diet.  
Step Mayes      5-26-19  
Signature of Grievant      Date

=====

TO BE COMPLETED BY GRIEVANCE CLERK

\_\_\_\_\_  
Grievance Number      Date Received      Signature Of Grievance Clerk  
INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: \_\_\_\_\_  
AUTHORIZED EXTENSION: \_\_\_\_\_  
New Due Date      Signature of Grievant

=====

**INMATE GRIEVANCE RESPONSE**

Summary of Supervisor's Response/Evidence: \_\_\_\_\_

\_\_\_\_\_

Chairperson's Response and Reason(s): \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_ CHAIRPERSON: \_\_\_\_\_

Do you wish to appeal this response?      YES      NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

\_\_\_\_\_  
GRIEVANT      DATE      WITNESS

RECEIVED

7-9-19

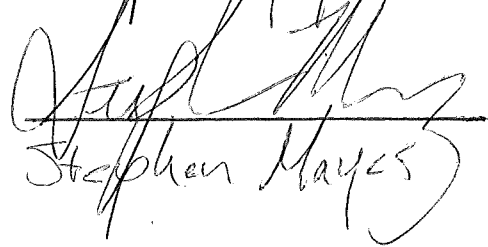
JUL 16 2019

US DISTRICT COURT  
MID DIST TENN

Dear Clerk:

I am writing to inform you that I am unable to make the required copies of this complaint because the library is not open due to lockdown and that is the only place that I can get legal work copied. My life is in danger and I can't get internal affairs to speak with me to get the issue settled. I need a temporary restraining order or injunction because I will be retaliated against. I just wanted you know that I have tried to get the copies and the prison is refusing to help.

Very truly yours,

  
Stephen Mayes



Stephen Mayes #931428  
S.C.C.F. 15A-115  
P.O. Box 279  
Clifton, TN 38425-0279



Legal Mail

Clerk  
U.S. District Courthouse, Rm. 800  
801 Broadway  
Nashville, TN 37203



CCA/SOUTH CENTRAL  
Has Neither Inspected  
Nor Censored And Is  
Not Responsible For The Contents